FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: _

DOCUMENT # N9400004978 (2) 1. Corporation Name

SUNSTONE ASSOCIATION, INC.

Principal Place of Business Mailing Address					10201112			
8001 RADIO RD. 8001 RADIO RD. NAPLES FL 33942 NAPLES FL 33942								
					3. Date Incorporated or Qualified 10/10/1994	3a. Date of 05/0	Last Rep)1/1995	ort 5
Principal Place of Business 2a. Mailing Address			Duine		4. FEI Number APPLIED FOR 65- Applied Not Applied			
21		26 1044 Castello	Driv	e	Not Applicable \$8.75 Additional			
Suite, Apt. #,	, etc.	Suite, Apt. #, etc. 27 Suite 206	Suite 206		5. Certificate of Status Desired	esired Fee Required		
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23		28 Naples, Flori					Added to	
Zip	Country	Zip 33940	├ ──	untry	This corporation has liability for Florida Statutes	intangible tax un: □ Yes □ No	jers. 199	9.032,
24	9. Name and Address of Cur	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30	T	10. Name and Address of New F		nt	
	5. Hallie and Address of Car			81 Name	Vovel James D.	Vacel	.Fs	e .
LURIE, TO	erry a		vidings (P.O. Box Number is Not Acceptable)					
	ADOWLAWN DRIVE			L	Tamiami Trail N.			
SUITE 18					s R			
NAPLES	FL 33962			84 CNapl		FL 85	5 3 39	酸より
	105 617.0	E00 pp 617 509 Florido Statuto	c the ab	ove-named corn	oration submits this statement for the pu	rpose of changin		
 Pursuant to or registere 	o the provisions of Sections 617.0 ed agent, or both, in the State of F	lorida. Such change was authorize	d by the	corporation's bo	oration submits this statement for the pupard of directors. Thereby accept the app	ointment as regi	štered ag	ent. Lam
	h, and accept the obligations of S	ection by 7.0503, Florida Statules.			5,	124/94	ာ	
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable (NOT	E: Rugistere	d Agent signature requ	red when reinstating)	DATE	E ALCOUN	2.181.10
12.	OFFICERS	AND T RECTORS	13		ADDITIONS/CHANGES TO OF			Addition
TITLE	D	DEFELE		TITLE			iango	
NAME	NAGAR, JACOB'N 8001 RADIO RD.		- 1	NAME STREET ADDRESS				
STREET ADDRESS	NAPLES FL			CITY-ST-ZIP				
CITY-ST-ZIP TITLE	D	DELETE		THILE		□ c	hange	☐ Addition
NAME	JEDA, RON		22	NAME				
STREET ADDRESS	8001 RADIO RD.		23	STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 33942	Facutt		CITY - ST - ZIP	D		hange	Addition
TITLE	D LUDG TEDDY A	™ 0Elete		TITLE NAME	Jim Vogel	·	/ /	,
NAME LURIE, TERRY A STREET ADDRESS 2430 SHADOWLAWN DRIVE, SUITE 18			1	STREET ADDRESS	3936 Tamiami Trail N.			
STREET ADDRESS	NAPLES FL	12, 00112 10		CITY-ST-ZIP	Suite B Naples, Florida			
CITY-ST-ZIP TITLE	(0122012	DELETE		TITLE	Haptes, 1 tolida		Change	Addition
NAME			4 2	? NAME				
STREET ADDRESS			4.3	STREET ADDRESS				
CITY-ST-ZIP		C locute		CITY-ST-ZIP		<u> </u>	Change	Addition
● TITLE		DEFELE		TITLE	0000019			
NAME			1	NAME STREET ADDRESS	0000018 -06/04/9601	Ĭ54023	P	
STREET ADDRESS				CITY-ST-ZIP	***61.25			
CITY-ST-ZIP TITLE		DELETE		TITLE			Change	☐ Addition
NAME			6.2	NAME				5/
STREET ADDRESS			6.3	STREET ADDRESS				113-
CITY-ST-ZIP			1 2 2 2	CITY-ST-ZIP	it for the exemption stated in Castion 11	9.07/3\/N Florid	a Statute	s. I further
14. I do heret	by certify that the information supp at the information indicated on this	ilied with this filing is voluntarily furn annual report or supplemen <u>tal ann</u>	nished an	na coes not qual It is true and acc	ify for the exemption stated in Section 11 curate and that my signature shall have the this report as required by Chapter 617.	ne same legal effe	act as if r	made under
		corporation or the receiver or truste , or on an attachment with the actor		vered to execute	this report as required by Chapter 617,	monua statutes;	and triat	тту патте

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

Date